



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MEMORIAL HOSPITAL OF SOUTH BEND

City of Hospital: South Bend

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Sally Marker

Email Address: smarker@beaconhealthsystem.org

Medicare Provider Number: 150058

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$987844352
Outpatient Patient Service Revenue	\$676425250
Total Gross Patient Service Revenue	\$1664269602

2. Deductions From Revenue

Contractual Allowance	\$1051106885
Other Deductions	\$20446423
Total Deductions	\$1071553308

3. Total Operating Revenue

Net Patient Service Revenue	\$592716294
Other Operating Revenue	\$30608949
Total Operating Revenue	\$623325243

4. Operating Expenses

Salaries and Wages	\$162678222	Employee Benefits	\$35627929
Depreciation and Amortization	\$30197516	Interest Expense	\$6077999
Bad Debt	\$37660772	Other Expenses	\$233519875
Total Operating Expenses	\$505762313		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$117562930	Total Assets	\$574259000
Net Non-operating Gains over Loss	\$-3323785	Total Liabilities	\$264037000

Total Net Gains	\$114239145
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$720190570	\$579839883	\$140350687
Medicaid	\$336608678	\$223164701	\$113443977
Other Government	\$0	\$0	\$0
Other State	\$21360310	\$18992802	\$2367508
Other Payers	\$586110044	\$229109499	\$357000545
Total	\$1664269602	\$1051106885	\$613162717

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$662600	\$-662600

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$317287	\$440090	\$-122803

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$242162	\$7488715	\$-7246553
Hospital Patients	\$0	\$0	\$0
Community Education	\$364494	\$1473112	\$-1108618

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$5328318
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1504449	
HCI Payments	\$0		
Subtotal	\$0	\$1504449	\$-1504449
Medicaid Shortfalls	\$110179724	\$101072407	
Subtotal	\$110179724	\$102576856	\$7602868
DSH Payments	\$10,279,425		
Subtotal	\$120459149	\$102576856	\$17882293
Medicare Shortfalls	\$145464855	\$203345533	
Other Government Programs	\$0	\$0	
Total	\$265924004	\$305922389	\$-39998385

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1528377	\$2094163	\$-565786
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$770906	\$73208	\$697698
Other Allocations	\$0	\$0	\$0

Comments

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